



ANNUAL STATEMENT  
For the Year Ending December 31, 2010  
OF THE CONDITION AND AFFAIRS OF THE  
Windsor Health Plan, Inc.

NAIC Group Code	1268 (Current Period)	1268 (Prior Period)	NAIC Company Code	95792	Employer's ID Number	62-1531881
Organized under the Laws of	Tennessee		State of Domicile or Port of Entry	Tennessee		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	05/14/1993		Commenced Business	01/01/1994		
Statutory Home Office	7100 Commerce Way, Suite 285 (Street and Number)		Brentwood, TN 37027 (City or Town, State and Zip Code)			
Main Administrative Office	7100 Commerce Way, Suite 285 (Street and Number)					
	Brentwood, TN 37027 (City or Town, State and Zip Code)		(615)782-7800 (Area Code) (Telephone Number)			
Mail Address	7100 Commerce Way, Suite 285 (Street and Number or P.O. Box)		Brentwood, TN 37027 (City or Town, State and Zip Code)			
Primary Location of Books and Records	7100 Commerce Way, Suite 285 (Street and Number)					
	Brentwood, TN 37027 (City or Town, State and Zip Code)		(615)782-7914 (Area Code) (Telephone Number)			
Internet Website Address	www.windsorhealthgroup.com					
Statutory Statement Contact	Jennifer Giannotti (Name)		(615)782-7914 (Area Code)(Telephone Number)(Extension)			
	jgiannotti@windsorhealthgroup.com (E-Mail Address)		(615)782-7826 (Fax Number)			

OFFICERS

Name	Title
Michael Bailey	President
Willis Jones	Secretary
	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Phillip Hertik  
Michael Bailey  
Willis Jones

State of Tennessee  
County of Williamson ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Michael Bailey	Willis Jones	
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2011

a. Is this an original filing? Yes[X] No[ ]

b. If no, 1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals .....	400,338	.....	.....	502,633	502,633	400,338
0299998 Premium due and unpaid not individually listed .....	.....	.....	.....	.....	.....	.....
0299999 Total group .....	.....	.....	.....	.....	.....	.....
0399999 Premiums due and unpaid from Medicare entities .....	17,999,997	.....	.....	.....	.....	17,999,997
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	18,400,335	.....	.....	502,633	502,633	18,400,335

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	1,053,229	1,069,721	1,167,125	3,741,955	745,926	6,286,104
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	1,053,229	1,069,721	1,167,125	3,741,955	745,926	6,286,104
Claim Overpayment Receivables						
.....						
.....						
0299998 Claim Overpayment Receivables - Not Individually Listed .....	1,106,000					1,106,000
0299999 Subtotal - Claim Overpayment Receivables .....	1,106,000					1,106,000
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....						
0799999 Gross health care receivables .....	2,159,229	1,069,721	1,167,125	3,741,955	745,926	7,392,104

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Pharmacy Claims .....	7,750,512					7,750,512
OTC Claims .....	94,343					94,343
Professional Claims .....			377,000			377,000
Ancillary Claims .....	348,499					348,499
0199999 Total - Individually Listed Claims Unpaid .....	8,193,354		377,000			8,570,354
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....						
0499999 Subtotals .....	8,193,354		377,000			8,570,354
0599999 Unreported claims and other claim reserves .....						29,094,204
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						37,664,558
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						904,000

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1  Name of Affiliate	2  1 - 30 Days	3  31 - 60 Days	4  61 - 90 Days	5  Over 90 Days	6  Nonadmitted	Admitted	
						7  Current	8  Non-Current
	NONE						
0399999 Total gross amounts receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
Windsor Management Services .....	Management fees and intercompany expenses .....	1,453,563	1,453,563	
0199999 Total - Individually listed payables .....	X X X .....	1,453,563	1,453,563	
0299999 Payables not individually listed .....	X X X .....			
0399999 Total gross payables .....	X X X .....	1,453,563	1,453,563	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups .....						
2.	Intermediaries .....	3,181,488	0.942	32,361	40.922	2,250,000	931,488
3.	All other providers .....	1,320,669	0.391	32,361	40.922		1,320,669
4.	TOTAL Capitation Payments .....	4,502,157	1.333	64,722	81.844	2,250,000	2,252,157
Other Payments:							
5.	Fee-for-service .....			X X X	X X X		
6.	Contractual fee payments .....	333,305,130	98.667	X X X	X X X		333,305,130
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	TOTAL Other Payments .....	333,305,130	98.667	X X X	X X X		333,305,130
13.	TOTAL (Line 4 plus Line 12) .....	337,807,287	100.000	X X X	X X X	2,250,000	335,557,287

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR  
NAIC Group Code 1268 NAIC Company Code 95792

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	6,526							375		6,151
2. First Quarter .....	9,459							437		9,022
3. Second Quarter .....	9,608							456		9,152
4. Third Quarter .....	9,857							504		9,353
5. Current Year .....	10,099							498		9,601
6. Current Year Member Months .....	116,630							5,609		111,021
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	32,311							32,311		
8. Non-Physician .....	4,093							4,093		
9. TOTAL .....	36,404							36,404		
10. Hospital Patient Days Incurred .....	3,813							3,813		
11. Number of Inpatient Admissions .....	485							485		
12. Health Premiums Written (b) .....	15,223,158							5,980,348		9,242,810
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	15,223,158							5,980,348		9,242,810
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	12,337,470							11,040,930		1,296,540
18. Amount Incurred for Provision of Health Care Services .....	12,148,336							10,849,679		1,298,657

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....5,980,348



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR  
NAIC Group Code 1268 NAIC Company Code 95792

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	5,811							5,420		391
2. First Quarter .....	8,499							5,746		2,753
3. Second Quarter .....	9,357							5,855		3,502
4. Third Quarter .....	9,809							6,037		3,772
5. Current Year .....	10,128							6,136		3,992
6. Current Year Member Months .....	111,214							70,943		40,271
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	140,551							140,551		
8. Non-Physician .....	17,804							17,804		
9. TOTAL .....	158,355							158,355		
10. Hospital Patient Days Incurred .....	16,587							16,587		
11. Number of Inpatient Admissions .....	2,111							2,111		
12. Health Premiums Written (b) .....	66,219,573							63,944,548		2,275,025
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	66,219,573							63,944,548		2,275,025
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	53,667,055							48,027,204		5,639,851
18. Amount Incurred for Provision of Health Care Services .....	52,844,335							47,195,276		5,649,059

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....63,944,548



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR  
NAIC Group Code 1268 NAIC Company Code 95792

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	14,325							9,816		4,509
2. First Quarter .....	21,326							11,247		10,079
3. Second Quarter .....	21,781							11,413		10,368
4. Third Quarter .....	22,405							11,652		10,753
5. Current Year .....	22,793							11,757		11,036
6. Current Year Member Months .....	263,690							137,911		125,779
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	285,512							285,512		
8. Non-Physician .....	36,168							36,168		
9. TOTAL .....	321,680							321,680		
10. Hospital Patient Days Incurred .....	33,694							33,694		
11. Number of Inpatient Admissions .....	4,287							4,287		
12. Health Premiums Written (b) .....	134,517,081							124,995,714		9,521,367
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	134,517,081							124,995,714		9,521,367
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	109,018,153							97,561,475		11,456,678
18. Amount Incurred for Provision of Health Care Services .....	107,346,897							95,871,514		11,475,383

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....124,995,714



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
NAIC Group Code 1268 BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR NAIC Company Code 95792

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	5,118							1,652		3,466
2. First Quarter .....	8,158							1,594		6,564
3. Second Quarter .....	8,253							1,574		6,679
4. Third Quarter .....	8,434							1,607		6,827
5. Current Year .....	8,581							1,636		6,945
6. Current Year Member Months .....	100,191							19,304		80,887
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	57,014							57,014		
8. Non-Physician .....	7,222							7,222		
9. TOTAL .....	64,236							64,236		
10. Hospital Patient Days Incurred .....	6,728							6,728		
11. Number of Inpatient Admissions .....	856							856		
12. Health Premiums Written (b) .....	26,861,705							19,106,367		7,755,338
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	26,861,705							19,106,367		7,755,338
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	21,769,826							19,482,043		2,287,783
18. Amount Incurred for Provision of Health Care Services .....	21,436,093							19,144,575		2,291,518

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....19,106,367



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR  
NAIC Group Code 1268 NAIC Company Code 95792

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	21,497							11,181		10,316
2. First Quarter .....	26,358							11,746		14,612
3. Second Quarter .....	26,760							12,031		14,729
4. Third Quarter .....	27,056							12,203		14,853
5. Current Year .....	27,479							12,397		15,082
6. Current Year Member Months .....	322,452							144,917		177,535
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	369,309							369,309		
8. Non-Physician .....	46,783							46,783		
9. TOTAL .....	416,092							416,092		
10. Hospital Patient Days Incurred .....	43,583							43,583		
11. Number of Inpatient Admissions .....	5,546							5,546		
12. Health Premiums Written (b) .....	173,997,600							158,243,919		15,753,681
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	173,997,600							158,243,919		15,753,681
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	141,014,782							126,195,590		14,819,192
18. Amount Incurred for Provision of Health Care Services .....	138,853,016							124,009,629		14,843,387

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....158,243,919



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 1268 NAIC Company Code 95792

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	53,277							28,444		24,833
2. First Quarter	73,800							30,770		43,030
3. Second Quarter	75,759							31,329		44,430
4. Third Quarter	77,561							32,003		45,558
5. Current Year	79,080							32,424		46,656
6. Current Year Member Months	914,177							378,684		535,493
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	884,697							884,697		
8. Non-Physician	112,070							112,070		
9. TOTAL	996,767							996,767		
10. Hospital Patient Days Incurred	104,405							104,405		
11. Number of Inpatient Admissions	13,285							13,285		
12. Health Premiums Written (b)	416,819,117							372,270,896		44,548,221
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	416,819,117							372,270,896		44,548,221
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	337,807,286							302,307,242		35,500,044
18. Amount Incurred for Provision of Health Care Services	332,628,677							297,070,673		35,558,004

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....372,270,896

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0399999 Totals .....						.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4  Name of Company	5  Location	6  Paid Losses	7  Unpaid Losses
<b>Accident and Health, Non-Affiliates</b>						
10227 .....	13-4924125 ...	01/01/2008	MUNICH REINS AMER INC .....	Wilmington, DE .....	68,576,973 .....	17,874,085 .....
0599999 Total - Accident and Health, Non-Affiliates .....					68,576,973 .....	17,874,085 .....
0699999 Totals - Accident and Health .....					68,576,973 .....	17,874,085 .....
0799999 Totals - Life, Annuity and Accident and Health .....					68,576,973 .....	17,874,085 .....



SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Unauthorized General Account - Non-Affiliates												
10227	13-4924125	01/01/2010	MUNICH REINS AMER INC	Wilmington, DE	QA/A/I	185,521,076						
0599999 Subtotal - Unauthorized General Account - Non-Affiliates						185,521,076						
0699999 Total - Unauthorized General Account						185,521,076						
0799999 Total - Authorized and Unauthorized General Account						185,521,076						
1599999 Totals						185,521,076						

SCHEDULE S - PART 4  
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
General Account - Accident & Health - Non-Affiliates													
10227	13-4924125	01/01/2010	MUNICH REINS AMER INC		86,451,058	18,577,943	105,029,001					107,170,872	105,029,001
0599999 Subtotal - General Account - Accident & Health - Non-Affiliates					86,451,058	18,577,943	105,029,001					107,170,872	105,029,001
0699999 Total - General Account - Accident and Health					86,451,058	18,577,943	105,029,001					107,170,872	105,029,001
0799999 Total - General Account					86,451,058	18,577,943	105,029,001					107,170,872	105,029,001
1199999 Totals (General Account and Separate Accounts combined)					86,451,058	18,577,943	105,029,001					107,170,872	105,029,001

SCHEDULE S - PART 5  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums .....					
2. Title XVIII-Medicare .....	185,521		488	328	
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....	29,939				
5. TOTAL Hospital and Medical Expenses .....	150,017				
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....	17,874				
8. Reinsurance recoverable on paid losses .....	68,577		337	42	
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

SCHEDULE S - PART 6  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	40,698,094		40,698,094
2. Accident and health premiums due and unpaid (Line 15) .....	18,400,335		18,400,335
3. Amounts recoverable from reinsurers (Line 16.1) .....	68,576,973	(68,576,973)	
4. Net credit for ceded reinsurance .....	X X X	(2,141,871)	(2,141,871)
5. All other admitted assets (Balance) .....	15,698,450		15,698,450
6. TOTAL Assets (Line 28) .....	143,373,852	(70,718,844)	72,655,008
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	19,790,473	17,874,085	37,664,558
8. Accrued medical incentive pool and bonus payments (Line 2) .....	904,000		904,000
9. Premiums received in advance (Line 8) .....	58,313		58,313
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19) .....			
11. Reinsurance in unauthorized companies (Line 20) .....			
12. All other liabilities (Balance) .....	92,958,014	(88,592,929)	4,365,085
13. TOTAL Liabilities (Line 24) .....	113,710,800	(70,718,844)	42,991,956
14. TOTAL Capital and Surplus (Line 33) .....	29,663,052	X X X	29,663,052
15. TOTAL Liabilities, Capital and Surplus (Line 34) .....	143,373,852	(70,718,844)	72,655,008
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....	17,874,085		
17. Accrued medical incentive pool .....			
18. Premiums received in advance .....			
19. Reinsurance recoverable on paid losses .....	68,576,973		
20. Other ceded reinsurance recoverables .....			
21. TOTAL Ceded Reinsurance Recoverables .....	86,451,058		
22. Premiums receivable .....			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
24. Unauthorized reinsurance .....			
25. Other ceded reinsurance payables/offsets .....	88,592,929		
26. TOTAL Ceded Reinsurance Payables/Offsets .....	88,592,929		
27. TOTAL Net Credit for Ceded Reinsurance .....	(2,141,871)		

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL) .....						
2. Alaska (AK) .....						
3. Arizona (AZ) .....						
4. Arkansas (AR) .....						
5. California (CA) .....						
6. Colorado (CO) .....						
7. Connecticut (CT) .....						
8. Delaware (DE) .....						
9. District of Columbia (DC) .....						
10. Florida (FL) .....						
11. Georgia (GA) .....						
12. Hawaii (HI) .....						
13. Idaho (ID) .....						
14. Illinois (IL) .....						
15. Indiana (IN) .....						
16. Iowa (IA) .....						
17. Kansas (KS) .....						
18. Kentucky (KY) .....						
19. Louisiana (LA) .....						
20. Maine (ME) .....						
21. Maryland (MD) .....						
22. Massachusetts (MA) .....						
23. Michigan (MI) .....						
24. Minnesota (MN) .....						
25. Mississippi (MS) .....						
26. Missouri (MO) .....						
27. Montana (MT) .....						
28. Nebraska (NE) .....						
29. Nevada (NV) .....						
30. New Hampshire (NH) .....						
31. New Jersey (NJ) .....						
32. New Mexico (NM) .....						
33. New York (NY) .....						
34. North Carolina (NC) .....						
35. North Dakota (ND) .....						
36. Ohio (OH) .....						
37. Oklahoma (OK) .....						
38. Oregon (OR) .....						
39. Pennsylvania (PA) .....						
40. Rhode Island (RI) .....						
41. South Carolina (SC) .....						
42. South Dakota (SD) .....						
43. Tennessee (TN) .....						
44. Texas (TX) .....						
45. Utah (UT) .....						
46. Vermont (VT) .....						
47. Virginia (VA) .....						
48. Washington (WA) .....						
49. West Virginia (WV) .....						
50. Wisconsin (WI) .....						
51. Wyoming (WY) .....						
52. American Samoa (AS) .....						
53. Guam (GU) .....						
54. Puerto Rico (PR) .....						
55. U.S. Virgin Islands (VI) .....						
56. Northern Mariana Islands (MP) .....						
57. Canada (CN) .....						
58. Aggregate other alien (OT) .....						
59. TOTALS .....						

NONE

SCHEDULE Y (Continued)  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
..... 95792 ..	.. 62-1530448 .. .. 62-1531881 ..	WINDSOR MANAGEMENT SERVICES, INC ..... WINDSOR HLTH PLAN INC .....	.....	.....	.....	.....	..... 58,354,676 .. (58,354,676)	.....	.....	.....	..... 58,354,676 .. (58,354,676)	.....
9999999 Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation: Management fees

SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes

- APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes

- JUNE FILING
8. Will an audited financial report be filed by June 1?

Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

Yes

- AUGUST FILING
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

Yes

- APRIL FILING
18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
20. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

No
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

No
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be file with the state of domicile and the NAIC by April 1?

No

- AUGUST FILING
23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

Yes

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



95792201036000002010Document Code: 360

Health Life Supplement



95792201020500002010Document Code: 205

Health Property / Casualty Supplement



95792201020700002010Document Code: 207

Schedule SIS



95792201042000002010Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



95792201037100002010Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



95792201037000002010Document Code: 370

LTC Supplemental Interrogatories



95792201030600002010Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



95792201021100002010Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95792201021300002010Document Code: 213

Supplemental Health Care Exhibit



95792201021600002010Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



95792201021700002010Document Code: 217

**OVERFLOW PAGE FOR WRITE-INS**



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
For The Year Ended December 31, 2010  
(To be filed by March 1)  
FOR THE STATE OF ALABAMA



NAIC Group Code: 1268  
Address (City, State and Zip Code): Brentwood, TN 37027  
NAIC Company Code: 95792  
Person Completing This Exhibit:

Title: Telephone:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 Total Experience on Individual Policies .....										.....	.....	.....	.....	.....	.....	.....	.....
0299999 Total Experience on Group Policies .....										.....	.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
For The Year Ended December 31, 2010  
(To be filed by March 1)  
FOR THE STATE OF ARKANSAS



NAIC Group Code: 1268  
Address (City, State and Zip Code): Brentwood, TN 37027  
Person Completing This Exhibit:

Title: Telephone:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 Total Experience on Individual Policies .....										.....	.....	.....	.....	.....	.....	.....	.....
0299999 Total Experience on Group Policies .....										.....	.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
For The Year Ended December 31, 2010  
(To be filed by March 1)  
FOR THE STATE OF MISSISSIPPI



NAIC Group Code: 1268  
Address (City, State and Zip Code): Brentwood, TN 37027  
Person Completing This Exhibit:

Title: Telephone:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 Total Experience on Individual Policies .....										.....	.....	.....	.....	.....	.....	.....	.....
0299999 Total Experience on Group Policies .....										.....	.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
For The Year Ended December 31, 2010  
(To be filed by March 1)  
FOR THE STATE OF SOUTH CAROLINA



NAIC Group Code: 1268  
Address (City, State and Zip Code): Brentwood, TN 37027  
Person Completing This Exhibit:

Title: Telephone:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 Total Experience on Individual Policies .....										.....	.....	.....	.....	.....	.....	.....	.....
0299999 Total Experience on Group Policies .....										.....	.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":

Supp12 South Carolina

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
For The Year Ended December 31, 2010  
(To be filed by March 1)  
FOR THE STATE OF TENNESSEE



NAIC Group Code: 1268  
Address (City, State and Zip Code): Brentwood, TN 37027  
NAIC Company Code: 95792  
Person Completing This Exhibit:

Title: Telephone:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007			Policies Issued in 2008, 2009, 2010				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 Total Experience on Individual Policies .....										.....	.....	.....	.....	.....	.....	.....	.....
0299999 Total Experience on Group Policies .....										.....	.....	.....	.....	.....	.....	.....	.....

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":



Medicare Part D Coverage Supplement  
(Net of Reinsurance)  
(To be Filed By March 1)

NAIC Group Code: 1268 NAIC Company Code: 95792

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	44,548,221	X X X		X X X	44,548,221
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits		X X X		X X X	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		X X X		X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits		X X X		X X X	X X X
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	44,548,221	X X X		X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2 Supplemental Benefits		X X X		X X X	X X X
6. Total Premiums	44,548,221	X X X		X X X	44,548,221
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	36,474,107	X X X		X X X	36,474,107
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits		X X X		X X X	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	2,214,859	X X X		X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	3,606,281	X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	35,082,685	X X X		X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits		X X X		X X X	X X X
11. Total Claims	35,082,685	X X X		X X X	36,474,107
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied - change	X X X		X X X		
12.3 Reimbursements Receivable - change	X X X		X X X		X X X
12.4 Healthcare Receivables - change	X X X		X X X		X X X
13. Aggregate Policy Reserves - change					X X X
14. Expenses Paid		X X X		X X X	
15. Expenses Incurred		X X X		X X X	X X X
16. Underwriting Gain/Loss	9,465,536	X X X		X X X	X X X
17. Cash Flow Results	X X X	X X X	X X X	X X X	8,074,114

**INDEX TO HEALTH  
ANNUAL STATEMENT**

Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	20
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	21
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	22
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	23
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	23
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	24
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Nonadmitted Assets .....	16
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	29
Five-Year Historical Data .....	28
General Interrogatories .....	26
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	25
Overflow Page For Write-ins .....	41
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI11
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI12
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI12
Schedule DB - Part C - Section 1 .....	SI13
Schedule DB - Part C - Section 2 .....	SI14
Schedule DB - Part D .....	E22
Schedule DB - Verification .....	SI15
Schedule DL - Part 1 .....	E23
Schedule DL - Part 2 .....	E24
Schedule E - Part 1 - Cash .....	E25

INDEX TO HEALTH  
ANNUAL STATEMENT

Schedule E - Part 2 - Cash Equivalents .....	E26
Schedule E - Part 3 - Special Deposits .....	E27
Schedule E - Verification Between Years .....	SI16
Schedule S - Part 1 - Section 2 .....	30
Schedule S - Part 2 .....	31
Schedule S - Part 3 - Section 2 .....	32
Schedule S - Part 4 .....	33
Schedule S - Part 5 .....	34
Schedule S - Part 6 .....	35
Schedule T - Part 2 - Interstate Compact .....	37
Schedule T - Premiums and Other Considerations .....	36
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	38
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	39
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	40
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14